

## FW-001 Request to Waive Court Fees

## CONFIDENTIAL

If you are ge	tting public be	enefits, are a lov	w-income per	rson, or do not	have enough	Clerk stamps	date here when form is filed.
		old's basic needs					
	•	aive all or part o	•	•	•		
you to answe	er questions al	oout your financ	ces. If the cou	art waives the f	ees, you		
	e to pay later						
		ourt proof of yo					<del> </del>
		n improves dur			4ia	Fill in court name an	d street address:
		ase for <b>\$10,000</b> ien on any such					
•		urt may also ch					
		1 (person asking					
\ /		· (person asking	•				
		dress:				L	
						Fill in case number	and name:
Phone	number		state			Case Number:	
2 Your	lob if you k	nave one (job tit				Case Name:	
$\sim$							
	•	:					
(3) Your	iawyer, if yo	ou have one (na	me, firm or a	ffiliation, addr	ess, phone ni	umber, and Stat	e Bar number):
- Th	. 1			4: C C-		1 1	Vac Na 🗆
	-	greed to advanc ver must sign he	_	•			Yes  No □
		_		-			ay have to go to a
		in why you are d				income, you m	uy nave to go to a
/ \		s or costs are	_		•		
\			-	_		ees and Costs (f	form FW-001-INFO).)
	_	•					nation Sheet on Waiver of
$\bigcirc$		rt Fees and Cos					
		ing the court					
<b>(?)</b> a. □							County Relief/General
							NF (Tribal Temporary and and Disabled)
		•			_	_	
(g) b. $\Box$		ontniy nousenoi 5b you must fil	,		,	s less than the ai	mount listed below.
	Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$389.59
	2	\$1,128.13 \$1,517.71	3 4	\$1,907.30 \$2,296.88	5 6	\$2,686.46 \$3,076.05	for each extra person.
				. ,	ļ <u>-</u>		T 1 1
<b>%</b> )с. Ц							ees. I ask the court to ake payments over time
	(Explain):	□ warve an co	ourt rees 🗀	warve some or			i must fill out page 2.)
$\bigcirc$	_	you asked the co	ourt to waive	vour court fees		e in the last six	1 0 ,
_				•		is form and che	
		-	-	_		-	nation I have provided
		achments is tru					
_							

Print your name here



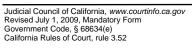
Sign here

Vour name	Case Numb	er:
Your name:  If you checked 5g on page 1, do not fill out below. If you checked 5g on page 1, do not fill out below. If you checked 5g on page 1, do not fill out below. If you checked 5g on page 1, do not fill out below.	cked 5h fill out questions 7 ° ~	ad 0 anly If you absolved 50
If you checked 5a on page 1, do not fill out below. If you check you <b>must</b> fill out this entire page. If you need more space, att Financial Information and your name and case number at the	ach form MC-025 or attach a sh	
Check here if your income changes a lot from month to month.  Fill out below based on your average income for the past 12 months.	<u>-</u>	
8 Your Monthly Income	b. All financial accounts (List bar	nk name and amount):
a. Gross monthly income (before deductions): \$	(1) (2)	¢
List each payroll deduction and amount below:	(2)	•
(1) (2) \$	(4)	\$
	· · · · · · · · · · · · · · · · · · ·	
(4) \$	C. Cars, boats, and other vehicle Make / Year	es Fair Market How Much Value Still Owe
(2) b. Total deductions (add 8a (1)-(4) above): \$	(1)	\$ \$
C. Total monthly take-home pay (8a minus 8b): \$	(2)	\$ \$
d. List the source and amount of <u>any</u> other income you get each month, including: spousal/child support, retirement, social	(3)	\$\$
security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust	d. Real estate	Fair Market How Much Y
income, annuities, net business or rental income,	Address	Value Still Owe \$
reimbursement for job-related expenses, gambling or lottery	(1) (2)	\$\$
winnings, etc.	(3)	
(1) \$	(5)	<sup>v</sup>
	<ul><li>e. Other personal property (jewe stocks, bonds, etc.):</li></ul>	elry, furniture, furs,
(3) \$ (4) \$	Describe	Fair Market How Much \ Value Still Owe
	(1)	\$ \$
e. Your total monthly income is (8c plus 8d): \$	(2)	\$ \$
9 Household Income	(3)	\$ \$
a. List all other persons living in your home and their income;	11 Your Monthly Expenses	
include only your spouse and all individuals who depend in	(Do not include payroll deductions yo	u already listed in 8b.)
whole or in part on you for support, or on whom you depend in whole or in part for support.	<ol> <li>Rent or house payment &amp; r</li> </ol>	maintenance \$
Gross Monthly	b. Food and household suppli	
Name Age Relationship Income (1) \$	<ul><li>c. Utilities and telephone</li><li>d. Clothing</li></ul>	\$
(2)\$	<ul><li>d. Clothing</li><li>e. Laundry and cleaning</li></ul>	\$ \$
(3)	f. Medical and dental expens	es \$
(4) \$	g. Insurance (life, health, acci	
	h. School, child care	\$
b. Total monthly income of persons above: \$	i. Child, spousal support (and	
Total monthly income and	<ul><li>j. Transportation, gas, auto re</li><li>k. Installment payments (list e</li></ul>	
household income (8e plus 9b): \$	Paid to:	,
	(1)	\$
To list any other facts you want the court to know, such as	(2)	\$
unusual medical expenses, family emergencies, etc., attach	(3)	\$
form MC-025. Or attach a sheet of paper, and write	I. Wages/earnings withheld b	·
Financial Information and your name and case number at the top. Check here if you attach another page.	<ul><li>m. Any other monthly expense Paid to:</li></ul>	es (list each below):  How Much?
	(1)	\$
Important! If your financial situation or ability to pay	(2)	\$
court fees improves, you must notify the court within	(3)	\$
five days on form FW-010.	Total monthly expenses (add 11	

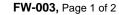


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FW-003	(Superior Court)	e waivei	Clerk stamps date here when form is filed.
	ed the court to waive cour		
	ddress:		
_	State:		
2 Lawyer, if perso	n in 1 has one (name, add ar number):	dress, phone number,	
e man, and state B			Fill in court name and street address:
			Superior Court of California, County of
A request to waive on (date):	court fees was filed		
	a previous fee waiver order in t	this case	
on ( <i>date</i> ):			Fill in case number and case name:
			Case Number:
Read this form carefu	lly. All checked boxes <b>☑</b> arc	e court orders.	Case Name:
to pay the fees. If you se amount of the waived fe	ttle your civil case for \$10,000 es. The trial court may not disr	or more, the trial counties the case until the	ase, the trial court may order the other side at will have a lien on the settlement in the lien is paid.  Request to Waive Additional Court Fees
the court makes th	e following orders:  ats your request, as follows:		
	• •	•	t fees and costs listed below. (Cal. Rules of
<ul><li>Filing pap</li><li>Making co</li><li>Sheriff 's</li><li>Reporter's</li></ul>	3.55.) You do not have to pay there in Superior Court opies and certifying copies fee to give notice daily fee (for up to 60 days for and certifying the clerk's transfer.	• Givi • Send • Cou !lowing the fee waiver	ng notice and certificates ding papers to another court department rt-appointed interpreter in small claims court order at the court-approved daily rate)
costs that a  Jury fees  Fees for  Reporter		of Court, rule 3.56.) Y  Fees for Court-appy period following the	•
appeal. (Cal		56, 8.26, and 8.818.) Y	es the fees and costs checked below, for your ou do not have to pay for the checked items.



 $\square$  Other (specify):



our name:				Case Number.
D. The court	denies your requ	est, as follows:		
		adline below, the court canno equest. If the papers were a r		est for hearing or the court papers appeal may be dismissed.
this o • Pa	rder (see date belo ay your fees and c	ow) to:		<b>O days</b> after the clerk gives notice of specify incomplete items):
	•	request because the information ver you requested (specify		d on the request shows that you are not
FW-( • P • A	006. You have 10 ay your fees and cask for a hearing in	days after the clerk gives recosts, or n order to show the court m	notice of this order nore information. (	ee Waiver Order (Superior Court), form (see date below) to:  (Use form FW-006 to request hearing.)  st. You must go to court on the date
below. Th	e hearing will be a	about (specify questions re	garding eligibility	):
Hearing	Date:		Name and a	ailable:
Date	Dept.:	Rm.:		
waive court p	rt fees, and you will	have 10 days to pay your fee	s. If you miss that de	the judge will deny your request to eadline, the court cannot process eal, the appeal may be dismissed.
Date:		_		
		Signature of (c	heck one): 🔲 Jud	dicial Officer $\Box$ Clerk, Deputy
language	e interpreter servic	tions. Assistive listening s	ystems, computer- at least 5 days bef	assisted real-time captioning, or sign fore your hearing. Contact the clerk's
language	e interpreter servic	tions. Assistive listening spees are available if you ask	ystems, computer- at least 5 days bef 0. (Civil Code, § 5	assisted real-time captioning, or sign fore your hearing. Contact the clerk's
language office fo	e interpreter service r Request for Acco	tions. Assistive listening spees are available if you ask commodation, Form MC-410  Clerk's Certificates case and (check one):	ystems, computerat least 5 days bef 0. (Civil Code, § 5 te of Service	cassisted real-time captioning, or sign fore your hearing. Contact the clerk's 54.8.)
language office for certify that I am I	e interpreter service r Request for Accordance involved in this order to the	ctions. Assistive listening spees are available if you ask commodation, Form MC-410 Clerk's Certificates case and (check one): the party and attorney, if an postage paid, to the party as	ystems, computerat least 5 days before the of Service  A certificate of y, listed in and	Fassisted real-time captioning, or sign fore your hearing. Contact the clerk's 54.8.)  of mailing is attached.  2, at the court, on the date below.  y, at the addresses listed in 1 and 2,

FW-003	Order on Court Fee Waiver (Superior Court)	Clerk stamps date here when form is filed.
	ed the court to waive court fees:	
	ddress:	
City:	State: Zip:	
	n in 1 has one (name, address, phone num Car number):	
		Fill in court name and street address:
		Superior Court of California, County of
A request to waive on (date):	court fees was filed	
☐ The court made	a previous fee waiver order in this case	
on ( <i>date</i> ):		Fill in case number and case name:
		Case Number:
Read this form carefu	ally. All checked boxes $lacktriangle$ are court orders.	Case Name:
4 After reviewing you the court makes the		res Request to Waive Additional Court Fees
	nts your request, as follows:	
(1) 🗌 Fee Waiver		r court fees and costs listed below. (Cal. Rules of the following:
	±	Giving notice and certificates
• Sheriff 's : • Reporter's		
(2) Additional	Fee Waiver. The court grants your request and	
☐ Jury fees☐ Fees for☐ Reporter	and expenses $\Box$ Fee	es for a peace officer to testify in court ourt-appointed interpreter fees for a witness ing the fee waiver order)
(3) Fee Waiver appeal. (Cal	<b>for Appeal.</b> The court grants your request and	waives the fees and costs checked below, for your

Your nar	me:			Case Number:
	The court <b>denies</b> your request, a	e followe:		
о. Ц			ot process your roau	est for hearing or the court papers
	you filed with your original reques			
(1)	this order (see date below) to	o:	nplete. You have 1	<b>0 days</b> after the clerk gives notice of
	<ul><li>Pay your fees and costs,</li><li>File a new revised reque</li></ul>		ems listed below (.	specify incomplete items):
(2)	The court <b>denies</b> your reque eligible for the fee waiver y			d on the request shows that you are not
	<ul><li>FW-006. You have 10 days</li><li>Pay your fees and costs,</li></ul>	after the clerk gives or	notice of this order	
	<ul> <li>Ask for a hearing in order</li> </ul>	er to show the court i	more information.	(Use form FW-006 to request hearing.)
	below. The hearing will be about	(specify questions re	egarding eligibility	est. You must go to court on the date  vailable:
Н	earing Date:	Time:		address of court if different from page 1:
	Dept.:	Rm.:		
	Warning! If item c is checked, and waive court fees, and you will have the court papers you filed with your	10 days to pay your fee	es. If you miss that d	eadline, the court cannot process
Date	e:	Signature of (	check one): 🔲 Ju	dicial Officer
		e available if you ask	at least 5 days bet	-assisted real-time captioning, or sign fore your hearing. Contact the clerk's 54.8.)
_		Clerk's Certifica		
•	that I am not involved in this cas	·	_	of mailing is attached.
				12, at the court, on the date below.
from	(city):	age paid, to the party , Californ	and attorney, if an nia on the date belo	by, at the addresses listed in $\bigcirc$ and $\bigcirc$ , ow.
Date:		?	Clerk, by	, Deput